

## In brief

**Bush proposes insurance for the "unborn child":** Under the children's health insurance programme, the Bush administration has drafted a new policy that would allow American states to define "an unborn child" as a person and thus make it eligible for medical coverage. Critics say that the new policy is a backdoor effort to advance the administration's antiabortion agenda by establishing a legal precedent for recognising the fetus as a person.

**Move to immunise 16 million children against polio:** The World Health Organization, three other international organisations, and several central African states have joined forces to immunise 16 million children against poliomyelitis in Angola, Congo, the Democratic Republic of Congo, and Gabon. The synchronised national immunisation days will take place on five consecutive days in July, August, and September.

**US to phase out mercury thermometers:** The American Academy of Pediatrics is calling for the eradication of mercury thermometers, citing the possible danger of mercury poisoning. They say that the technology is outmoded as safer and more accurate digital thermometers are widely available (*Pediatrics* 2001;108:197-205).

**Ireland suffers low uptake of measles vaccine:** Irish health officials remain concerned at the level of uptake of measles vaccine. The Department of Health has again appealed to parents after the latest figures indicated that the rate remained below 80%, well short of the recommended target of 95%. There were almost 1600 cases of measles in the Republic of Ireland last year, compared with just 148 cases in 1999.

**Tobacco advertising banned in Hungary:** Print and electronic media advertisements for tobacco products have been banned in Hungary under a law regulating business advertisements, which came into effect on 1 July. Billboard advertisements will also be banned from 1 January 2002.

## UK considers new compensation plan for NHS

Clare Dyer *legal correspondent, BMJ*

Victims of clinical negligence in the NHS may be offered speedy settlements with fixed rate payments, in a bid by health ministers to curb the spiralling cost of medical litigation.

Claimants would still have the right to pursue their cases through the courts, but ministers hope that the prospect of a swift payout would encourage many with smaller claims to choose the new scheme. It would be based, like the criminal injuries compensation scheme, on a fixed tariff of

payments depending on the injury caused. Under the scheme, which will cover both hospital and GP blunders, patients would also be offered non-financial benefits, such as daily nursing visits.

Other ideas under consideration are a "no fault" compensation scheme, more use of structured settlements providing annuities rather than lump sums, and greater recourse to mediation to settle disputes.

The proposals are designed to divert money that currently

goes to patients' lawyers into compensation and patient care. The impetus was provided by a report from the National Audit Office in May which estimated that the cost of settling outstanding and expected claims could reach £3.9bn (\$5.5bn).

The report confirmed earlier research that showed that for smaller claims the sums paid to claimants' lawyers often exceed the amount of compensation. Paul Balen, a solicitor specialising in medical negligence, said: "The more flexible the methods of compensating victims are . . . the better. But half of me strongly suspects it's a cost cutting exercise."

The proposals for reform will be outlined in a white paper next year. □

## US surgeons implant new artificial heart

Deborah Josefson *San Francisco*

The first fully self contained artificial heart has been successfully implanted into a man with end stage heart failure.

The artificial heart is a technological breakthrough and gives hope to patients awaiting a human heart, as supply is limited. The recipient, an unidentified man in his 50s had end stage ischaemic cardiomyopathy, diabetes, and renal failure and was deemed ineligible for a human heart transplant.

The implantation was per-

formed at the Jewish Hospital of the University of Louisville, Kentucky, by a team of 14, led by Drs Laman Gray and Robert Dowl- ing. The team removed most of the recipient's heart and attached the synthetic heart to the remnants of the atria and to the aorta and pulmonary arteries.

Unlike a human heart, the artificial heart first delivers blood systemically and then pumps blood to the lungs for oxygenation. The mechanical heart, known as the Abiocor, is composed of titanium and plastic, is about the size of a softball, weighs 900 g, and is the first to be free of external wires and tubes.

In addition to improving portability and quality of life, the absence of external wires reduces the chance of infection.

It is powered by an internal battery, which is charged transdermally through radio frequencies by an external portable battery pack worn by the patient. The battery charges last up to four hours and the device is designed with patient mobility in mind.

The external pack can be removed for up to half an hour, should the patient need to take a shower or change clothes. It also has an indicator panel, which allows the patient to check the battery charge of the heart.

The heart was developed by the Abiomed company of Danvers, Massachusetts. It underwent extensive preclinical testing in animals and was implanted in 40 calves before receiving approval by the Food and Drug Administration for implantation in an initial five patients.

The patients must be aged over 18, have refractory biventricular heart failure, be ineligible for a conventional heart transplant procedure, and have an 80% chance of dying within 30 days without the transplant.

The Abiocor is the second entirely mechanical heart to be tested in humans and represents a major advance over the first artificial heart. The Jarvik-7, introduced in 1982, was unwieldy and air driven and required tubes leading from the patient to huge external compressors.

However, Dr Robert Jarvik, inventor of the first artificial heart, points out that the Abiocor heart, because of its size, cannot be used on small men, children, and most women. □



Surgeons prepare the new artificial heart for implant

AP PHOTO/JEWISH HOSPITAL, JOHN LAIR